

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Docket Number:</b> 315547.01
<b>Application Number :</b> 10/690,422		<b>Filed :</b> October 21, 2003
<b>For SYSTEM AND METHOD FOR ANALYZING AND MANAGING SPAM E-MAIL</b>		
<b>Art Unit :</b> 2141	<b>Examiner :</b> Grant M. Ford	

This is a request under the provisions of 37 CFR 1. 136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u><b>Fee</b></u>	<u><b>Small Entity Fee</b></u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1100	\$555	\$ <u>1100.00</u>
<input type="checkbox"/> Four months (37 CFR 1. 17(a)(4))	\$1730	\$865	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account Number 50-0463. I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

☒ Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ **attorney or agent of record. Registration Number 57,646.**

☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34 \_\_\_\_.

\_\_\_\_\_  
/L. Alan Collins/  
Signature

\_\_\_\_\_  
L. Alan Collins  
Typed or printed name

\_\_\_\_\_  
November 20, 2008  
Date

\_\_\_\_\_  
425-703-8265  
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted